

Brookhaven National Laboratory
CHECK-OUT SHEET
FOR STUDENT AND TEACHER COLLABORATORS

NAME _____ GUEST# _____ DEPT. _____ EFFECTIVE DATE _____

CLASSIFICATION STUDENT/TEACHER COLLABORATOR

FORWARDING ADDRESS _____

EMAIL ADDRESS _____

INSTRUCTIONS

1. THE DEPARTMENT IS RESPONSIBLE FOR INDICATING WITH AN (X) ADDITIONAL ACTIVITIES WHERE A SIGNATURE OF RELEASE IS REQUIRED.
2. A DEPARTMENT REPRESENTATIVE MAY PHONE THE VARIOUS ACTIVITIES AND IF A PERSONAL VISIT BY THE PERSON CHECKING OUT IS NOT REQUIRED THE REPRESENTATIVE MAY THEN SIGN.
3. THE DEPARTMENT IS RESPONSIBLE FOR COMPLETION OF THIS FORM IF THE PERSON IS NOT AVAILABLE AT THE TIME OF CHECKING OUT.
4. AFTER COMPLETING CHECK-OUT ITEMS NO. 1 THROUGH NO. 9 AS INDICATED, THIS FORM IS TO BE PRESENTED TO THE OFFICE OF EDUCATIONAL PROGRAMS, BLDG. 438, 14 BROOKHAVEN AVENUE.

1. DEPARTMENT CHECK	S/F ACCT., UNIFORMS, TOOLS, KEYS	<hr/>	<hr/>
2. THE ABOVE NAMED PERSON DID NOT HAVE ANY SENSITIVE PROPERTY ASSIGNED TO HIM/HER.		<hr/>	<hr/>
3. THE ITEMS ASSIGNED TO THE ABOVE NAMED PERSON HAVE BEEN RET'D TO THE DEPT./DIV.		<hr/>	<hr/>
4. OTHER DEPT/DIV		<hr/>	<hr/>
5. RESEARCH LIBRARY 25 BROOKHAVEN AVE.	LAB NOTEBOOKS LIBRARY BOOKS	<hr/>	<hr/>
6. PATENT OFFICE	PATENT INTERVIEW	<hr/>	<hr/>
7. ITD, TELECOMMUNICATION SERVICES 61 BROOKHAVEN AVE.	COMPUTER ACCTS.	<hr/>	<hr/>
8. OTHER		<hr/>	<hr/>
9. OTHER		<hr/>	<hr/>

OFFICE OF EDUCATIONAL PROGRAMS
14 BROOKHAVEN AVENUE

ID CARD
CLEARED FOR PAYMENT _____